

# Idaho Office of Highway Safety FFY2018 GRANT APPLICATION

PO Box 7129 Boise, ID 83707-1129 Phone: (208)334-8100 Fax No. (208)334-4430

Project/Program	Title:	Date Submitted:	
		Section One – Applicant Information	
Name of Agency/Organiza	tion		
Federal Employer	or Taxpayer	ID Number (FEIN or TIN)	
DUNS Number		Private/Nonprofit YES NO	
Address of Agenc	у		
<b>Primary Contact</b>	(agency conta	act with signing authority)	
Name and Title			
Address			
E-mail Address		Phone Number	
Grant Manager (i	ndividual res	ponsible for the everyday activities of the grant)	
Name and Title			
Address			
71001 033			
E-mail Address		Phone Number	
Mark the focus area(s) that apply: Occupant Protection Aggressive Driving Impaired Driving			
☐Youthful Drivers ☐Distracted Driving ☐Emergency Response ☐Other:			
Agency Authorizing Signature			
Grant Manager Signature			

### **Section Two – Project Narrative**

### **INSTRUCTIONS**

Please provide a grant project narrative by completing the sections below. All programs and projects must support the Office of Highway Safety's Strategic Highway Safety Plan (SHSP). The purpose of the SHSP is to provide a data driven, system-wide, comprehensive, collaborative approach to eliminating fatalities and serious injuries on Idaho roadways. The SHSP is available at <a href="http://itd.idaho.gov/safety/">http://itd.idaho.gov/safety/</a>

NOTE: Please email both a Word and PDF document of your application to <a href="mailto:ohsgrants@itd.idaho.gov">ohsgrants@itd.idaho.gov</a> on or before 1700 hrs. (5.00pm) 02/17/2017, with the title of your agency/organization in the subject line.

A. Problem Identification / Needs Statement – Describe and document the highway safety crash problem. Include the most recent crash data available. State and local data, not national data, is preferred. OHS on-line data resources are available at <a href="http://itd.idaho.gov/safety/">http://itd.idaho.gov/safety/</a> OR <a href="http://apps.itd.idaho.gov/apps/webcars/Default2.aspx">http://apps.itd.idaho.gov/apps/webcars/Default2.aspx</a>
<b>B.</b> Goal(s) and Objective(s) — The proposal must contain at least one measurable Goal and/or Objective tied to a reduction in traffic crashes, as identified in the problem statement.
<b>C.</b> Tasks and Deliverables – List the Tasks and Deliverables you plan to use to accomplish the Goals and Objectives specified in Section B. Tasks must have a target date for completion, with milestones that will be reported in periodic progress reports. All proposals must contain at least one public awareness/education strategy.
<b>D. Evaluation and Performance-</b> Describe how the Tasks and Deliverables specified in Section C will be implemented and evaluated. Describe all measures being used to determine the success of the project. Provide details on what sources of data you use, and how appropriate procedures are in place within your agency to set up and monitor the grant funded activities. <i>Note: If this is a STEP Grant please provide crash and citation comparison data for up to 3 years prior to the current grant funded years 1, 2 and 3.</i>
<b>E. Future Funding Plan/Sustainability</b> – Provide a plan for how the project will be sustained by your agency/organization beyond this contract year.

**F.** Attachments: Attach any other information or documentation to this application that is beneficial to and supports your project.

## **SECTION 3. Project Budget**

<b>PERSONNEL:</b> List each employee/position (and their duties) you foresee will be utilized for this position. Estimate salary, hours worked and other costs associated with the position. Note: Selective Traffic Enforcement Patrol (STEP) grant funded positions must be backfilled by new hires prior to beginning the STEP grant.	Matching Funds: Identify how you will match federal funds.
POSITION: DUTIES/HOURS/SALARY:	
POSITION: DUTIES/HOURS/SALARY:	
POSITION: DUTIES/HOURS/SALARY:	

## PERSONNEL TOTAL:

<b>TRAINING:</b> List any courses/seminars/workshops assoc any training to be provided by this project or attended i		Matching Funds: Identify how you will match federal funds.
COURSE:	AMOUNT:	
PURPOSE:		
COURSE:	AMOUNT:	
PURPOSE:		

TRAINING/TOTAL:

<b>TRAVEL:</b> Describe location (if known) and item (airfare of the travel.	e, lodging, per diem, etc.) and the purpose	Matching Funds: Identify how you will match federal funds.
EVENT: LOCATION/PURPOSE:	AMOUNT:	
EVENT: LOCATION/PURPOSE:	AMOUNT:	
EVENT: LOCATION/PURPOSE:	AMOUNT:	

TRAVEL/TOTAL:

<b>EQUIPMENT</b> : Traffic enforcement equipment not All equipment with an acquisition cost of \$5,000 writing by NHTSA, and will be tracked by OHS for	Matching Funds: Identify how you will match federal funds.	
ITEM: PURPOSE/BENEFIT:	AMOUNT:	
ITEM: PURPOSE/BENEFIT:	AMOUNT:	

EQUIPMENT/TOTAL:

MISC.: Any items not mentioned above associated with this project.		Matching Funds: Identify how you will match federal funds.
ITEM:	AMOUNT:	
PURPOSE/USE:		
ITEM:	AMOUNT:	
PURPOSE/USE:		

MISC/TOTAL:

## **PROJECT BUDGET TOTAL**

- A. TOTAL AMOUNT OF FEDERAL FUNDS REQUESTED:
- B. TOTAL AMOUNT OF LOCAL MATCH (minimum 25%) FROM AGENCY: (STEP Grants are funded at 25%, 50% and 75% per respective years)